

| Section | Questions | Answers | |
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| 1.1 | While the RFP seems to ask for the vendor to build a Health Homes Data Analysis database and tools, this paragraph implies that there is an already existing "established" Health Home Performance Measurement data system. Please confirm that the Health Home Performance Measurement Data system currently exists and will be taken over by the vendor OR that the vendor is to build this database. | The RFP seeks a vendor to accept the current system, which contains three 6-month sets of data, and propose enhancements that would better enable the vendor to conduct analysis that will measure and quantify health outcome and financial impacts of the Health Homes program. This may include proposing use of a separate proven data system. | |
| 1.1 | What is the current structure for the Health Home Performance Measurement data system? Who currently maintains this system? Could South Dakota provide examples of the current performance reports? What type of financial impact analysis data is currently being stored in the system and in what format? On South Dakota's Health Home website, there are posted workgroup meeting minutes that discuss the potential of shared savings in the future, and that would require a baseline to be developed for a shared savings program. Please clarify that the shared savings model recommendation would be part of the RFP deliverables and that the shared savings program baseline would be developed using the Health Home program experience in SFY14 and SFY15. | The current system is maintained by Simplistic Analytics. The RFP seeks alternative solutions to current performance reports, as well as future reports. The scope of the current vendor was limited to outcomes measures, so the data in the system is limited to outcomes reported by the Health Homes and claims data from FY14 and FY15 to date. The vendor selected by the RFP will have access to historical claims data. The shared savings model should be part of the recommendation provided by the offeror. A shared savings methodology would use historical data as well as and SFY14 and SFY15 data and experience among other items proposed by the vendor and agreed to by DSS. | |
| 1.1 | Who is currently maintaining the Health Home Performance Measurement data system? How long of a transition time should be allotted for in the plan? If possible, please include a sample outcome submission. | Simplistic Analytics is currently maintaining this database. http://dss.sd.gov/healthhome/outcomemeasures.aspx | |
| 1.1 | If there is a Health Homes Performance Management System, does it already have the reporting tools that are required to produce reports built in? | We are not sure if there are reporting tool built in, but those tools would remain with the existing vendor. The Vendor will be responsible to deliver the data provided by both the state and the Health Homes to the new vendor. | |
| 1.1 | Is the same vendor that is maintaining the Health Home Performance Measurement data system also maintaining the outcomes measurement reporting system? | Yes - these are the same system. This system is limited to data for the outcomes measures detailed in Attachments B. | |
| 1.1 | Does the current data system store aggregate data for DSS and individual health homes? | Yes | |
| 1.1 | What is the anticipated Level of Effort associated with this project? | The current vendor estimated the level of effort on transitioning the data system to be relatively simple. | |
| 1.1 | How many other vendors are involved with the Health Home program and which of them will the awardee need to coordinate with upon award? | There are currently two vendors who work with this project. Sellers Dorsey has a contract to determine Health Home eligibility and Tiering provide this information back to the state on a monthly basis. The contract for the current outcome data vendor (Simplistic Analytics) will expire at the end of May. | |
| 1.1.1 | The RFP describes the criteria a beneficiary must meet to qualify for the program. How is the list of eligible beneficiaries determined? Is the data from that stored and will it be available for the analysis? | Sellers Dorsey determines Health Home eligibility and Tiering and provides this information back to the state on a monthly basis. This process is accomplished using the most recent 15 months of claims data. Participation is voluntary so all eligible beneficiaries do not participate in the program. While we do maintain a list of eligible recipients, the State does not see why this would need to be analyzed in order to meet the requirement of this RFP. The list of participating beneficiaries will be provided to the successful vendor. | |
| 1.1.1 | The RFP designates the provider infrastructure. Are all providers meeting the characteristics participating? If not, is there a list of currently participating providers with location information? | No not every provider that meets those characteristics is participating. The list of participating providers will be provided to the successful vendor. The South Dakota Health Home program is operational statewide. | |
| 1.1.1 | One of the core services is "Referral to Community Support and Social Support Services." Is information on provision of this service and target referral agencies captured from HH providers? | No | |
| 1.1.1 | The RFP indicates that reimbursement for an individual is in four tiers based on CDPS. Is the individual Tier assignment and CDPS score stored? | The Tier is stored, but the CDPS score is not. | |
| 1.1.1 | The RFP indicates that Tier 2 through 4 are auto assigned but beneficiaries can opt out. The Department web site has a form for opting out. Is information on who opts out and why captured and stored? | Information about who has opted out is stored. The reason for opt out is also stored but this has been an evolutionary process since the program was implemented. | |
| 1.1.1 | Is there a current vendor in South Dakota who is supporting the state in risk score calculation to determine the Health Home tier? | Yes, Sellers Dorsey determines Health Home eligibility and Tiering and provides this information back to the state on a monthly basis. | |
| 1.1.1 | Will the offeror need to demonstrate program budget neutrality as part of this RFP? | The intent is for the vendor's analysis to demonstrate the fiscal impact of participation in Health Homes on overall Medicaid claims. | |
| 1.1.1 | Have the inclusion and exclusion criteria changed at any point in the program? If so, who is maintaining the methodological changes, eligibility and opt-out records and data related to those changes? | No | |

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| 1.1.1 | How much has been paid out over the period of the program's implementation? | The selected vendor will be given claims data for the Health Home recipients as well as the amounts expended through the per member per month payments. | |
| 1.1.1, 3.1 | It says that DSS has established a set of outcome measures for reporting. The Attachments to the RFP include two file layouts for measures reporting (PCP and CMHC) and the CMS measures set. Is there a high level description of the measures South Dakota has adopted? Section 3.1 indicates that the Department is interested in utilization measures not included in the CMS measures, Pharmacy for example. Could you please clarify? | States are allowed to select their own outcome measures. South Dakota does not currently have a high level description but is in the process of developing one. The utilization and fiscal impacts of Health Home participation on spending in specific areas, like Pharmacy, should be considered as part of the analysis. | |
| 1.4 | Given the amount of detail that South Dakota is requiring in the response, is it possible to extend the Submission deadline to 5/1/2015 to allow Offerors time to address all the detail required? | No. DSS seeks to secure a vendor to begin work on the performance measure analysis related to this RFP before the end of the current fiscal year resultomg in deliverables deonstrating impact in early fall. | |
| 3.1 | The contract period, including the option years, runs through 2018. Will the "State-defined program performance periods" be adjusted to accommodate new program data, or will the scope be limited to these 2 years of data? | The "State-defined program performance periods" will be adjusted to accommodate new program data in future program years. | |
| 3.1 | Section 3.1 of the RFP describes the vendor's role on this project as "The offeror will develop and conduct a comprehensive methodology to analyze the program expenditures and utilization to quantify the financial impact to Medicaid resulting from the provision of the Health Home core services." However, there are several references to outcomes and other types of measures in the RFP, and in its guidance to states CMS has emphasized the inclusion of metrics other than cost and utilization. Can the state clarify the scope of measures that it wants to include in the evaluation of health home program performance? | The measures for this program include the outcome measures as defined in Attachment B Part 1 and Part 2. We believe that the the measures in Attachmend C are incorporated into the South Dakota Health Home measure set. Please note that the outcomes measures in Attachments B are subject to change | |
| 3.1 | The scope of work defines baseline and performance periods. Have shared savings been calculated for state fiscal year 2014, or is it intended that the offeror who recommends a shared savings methodology will do this retrospectively? Please clarify that the health home experience in SFY13 and SFY14 would be used by the offeror to propose a shared savings methodology. | Shared Savings has not been calculated. it intended that the offeror who recommends a shared savings methodology will conduct the analysis. Shared savings will not be applied retrospectively. Data provided will help the state determine how and when to begin a shared savings system. Implementation of shared savings would require an amendment of the Medicaid State Plan. | |
| 3.1 | Please clarify which "deliverable requirements" are being referenced here? Is this in reference to the requirements outlined in Tasks 3.2 and 3.3? | The paragraph at the end of section 3.1 which reads as follows "The offeror's proposal should outline and describe how it will meet the following deliverable requirements for the South Dakota Medicaid expenditures, utilization, fiscal impact, and outcome measures associated with the Health Homes (HH) Program." is in reference to 3.2 and 3.3 | |
| 3.1 | Please elaborate on the review and reporting for individual recipients (1.) and designated providers (3.) that DSS expects offerors to provide. | South Dakota would like to review utilization and outcomes data for individual recipients as well as compare performance of like providers. | |
| 3.2 | The final paragraph of this section states that Outcome Measures are subject to change. If Outcomes Measures and any associated data submission requirements change after providers have already submitted data, does DSS expect providers to update data that has already been submitted under former data submission requirements? | No. Any changes would impact future reporting periods. | |
| 3.2.2 | What is the expected total file size of the South Dakota Medicaid Claims data set? What data elements will be included? | The vendor will receive 8 files. The size of each of these files is outlined below: SDPROV.TXT 5MB SDRECIPROLLOFF.TXT 14MB SDRECIPIINSU.TXT 640KB SDPHARMACY.TXT 120MB SDRECIPIENT.TXT 55MB SDINSTCLAIMS.TXT 821MB SDPROFCLAIMS.TXT 751MB SDHHPART.TXT 1.6MB South Dakota will provide file layouts to offerors who make a separate request. Requests should be directed to Mark Close at mark.close@state.sd.us. | |
| 3.2.2 | The RFP refers to accepting claims data and maintain it in a secure format. Will information on beneficiaries and providers from the associated Medicaid information subsystems also be available for analysis? | Yes, information on beneficiaries and providers from the associated Medicaid information subsystems will be available for analysis. | |
| 3.2.2 | Is the claims data geocoded? Can you provide file layouts for the DSS source systems for claims, eligibility, and providers? | The claims data is not geocoded. South Dakota will provide file layouts to offerors who make a separate request. Requests should be directed to Mark Close at mark.close@state.sd.us. | |
| 3.2.2 | How will access to the Claims data be provided? Flat-file? Web Services? Microsoft Excel? Relational Database? | Secure files will be made available to the successful vendor in a text file format. | |
| 3.2.3 | What is the expected total file size of the Outcomes Measure data from the incumbent? | The data will be provided in excel for each period and the current vendor indicates file size should not be a concern. | |
| 3.2.3 | This reference indicates that there is a current vendor collecting outcomes measures. Could you tell us who that vendor is and whether they can bid on the current RFP? You have provided information on the reporting data structures, could you provide us file layouts for the current measures database? | The current vendor is Simplistic Analytics. The current vendor is eligible to bid on this project. | |

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| 3.2.3 | In what format is the quality measure data collected and submitted by the providers and the Health Homes? | Typically data is collected within the electronic health records of the providers. Data is currently submitted in Microsoft Excel format. | |
| 3.2.3 | How will access to the Quality Measure data be provided? | The successful vendor will retrieve the files via a secure website. Future periods of data will be reported directly to the vendor by the Health Homes. | |
| 3.2.3 | What are the responsibilities of the current vendor as they relate to this scope of work? What types of reports has the vendor been producing for the program for CMS and for other program performance measurement? Did this vendor produce the PMPM rates being paid to the Health Homes? Will the PMPM rates need to be evaluated as part of this RFP? | Current vendor's contract can be located at http://open.sd.gov/contracts/08/15-0800-076.pdf . This vendor was not involved in the establishment of the PMPM rates. PMPM rates are not part of this RFP. To date South Dakota has not been required to produce or submit reports to CMS. | |
| 3.2.4 | Please clarify expectations related to this task, specifically the scope of efforts around "facilitation?" In addition to accepting submissions from health home providers, does this task include the provision of technical assistance to providers on how to report the necessary information for each measure? | Yes, the selected vendor will provide technical assistance to Health Homes as well as conduct quality review regarding accuracy of data submitted. | |
| 3.2.4 | How are data transferred from health homes currently? | Health homes use the existing vendor's secure site to upload the data. We would expect the new vendor to provide the reporting mechanism. | |
| 3.2.5 | Could South Dakota please provide clarification of what type of validation the contractor will need to conduct on the Health Homes measure submissions? | South Dakota would expect the vendor to review the incoming data for inaccuracies that may impact the results of the data, validate that all Health Homes submitted data and that data has been received for every recipient where the Health Home provided a core service. | |
| 3.2.6 | What are the expectations on how frequently quality and claims data be updated to make revised reports available? Are there expectations for revised reports more frequently than semiannually? | Claims data will be sent monthly, outcomes data is submitted biannually. South Dakota would want Health Homes to receive their individual reports biannually once all the data is submitted and would want biannual reports in approximately February and August. | |
| 3.2.7 | Does South Dakota have a set of measures intended for the quality comparison or will the contractor work with the state to develop potential measures? | The measures South Dakota would like to use are outlined in Attachment B, Part 1 and Part 2 | |
| 3.2.8 | Does SD have reporting frequency, report contents, and reporting periods currently defined? If so, would the State please share examples or requirements? | South Dakota does not currently have the report contents defined. We are open to recommendations about what this report should contain from the vendor. | |
| 3.2.8 | Will these reports be disseminated to the Health Homes or will they only be used internally? If South Dakota will distribute these reports to the Health Homes, is there a preferred method or expectation for distribution? | Individual aggregate reports of quality indicators will be provided back to each Health Home. South Dakota will disseminate the reports, but will work with the vendor to remediate any concerns Health Homes may have about their report. | |
| 3.3 | Please provide current specifications for inclusion and exclusion criteria that DSS uses for recipient enrollment in each health home. This will likely affect methodologies proposed by offerors. | <p>Inclusion criteria: Member has two or more chronic diseases or has one chronic condition and is at risk for another (defined separately). Chronic diseases include: Asthma, COPD, Diabetes, Heart Disease, Hypertension, Substance Abuse, Obesity, Musculoskeletal and Neck/Back disorders. At-risk conditions include: Pre-Diabetes, tobacco use, cancer, hypercholesterolemia, depression, and use of 6+ chronic medications. ICD-9 codes for these disorders have been defined by Sellers Dorsey and provided to DSS; Member has a single occurrence of a diagnosis for Severe Mental Illness or Emotional Disability, limited to schizophrenia, bipolar, major depression, mood disorders, Ethyl Alcohol-related psychotic disorders, anxiety, personality/social disorders, Attention Deficit Hyperactivity Disorder. Members will be currently eligible for Medicaid, as determined by the eligibility file provided by DSS.</p> <p>Exclusion criteria: Members who are currently eligible with a mailing address is out of state AND in the custody of the state in aid categories: 53, 54, 55, 57, 65, 67 will be excluded.</p> <p>Adjustment criteria – Members who have had a claim filed by a LTC provider within the last three months prior to the claims period end will be assigned automatically to Tier 1.</p> | |
| 3.3 | Does DSS have any expectations for the number of alternative proposed methods to be discussed in the offeror's response to this RFP? | No | |
| 3.3 | What inputs does South Dakota believe goes into the Fiscal Impact analysis? | South Dakota anticipates the primary input for the fiscal analysis would be Medicaid claims data. Offerors are encouraged to offer additional inputs. | |
| 3.3.3 | Are Health Home PMPMs to be adjusted by Medicaid fee schedule changes on a prospective basis? | Health Home PMPMs are subject to adjustment based on aggregated cost report data submitted by the Health Homes. | |

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| 3.4 | The RFP states: "Proposals must include a detailed description of the vendor's proposed approach and a detailed timeline for delivery of the recommended methodology, analysis of financial impact, analysis of outcomes measures, and other proposed deliverables within the parameters of Section 1.12 Length of Contract." Correct reference is 1.11. | Yes - The State agrees with this clarification. | |
| 3.4 | Does South Dakota anticipate that 3.4 will be addressed in its own section of the technical approach (e.g., specific section devoted to the timeline) or that the information will be discussed in 3.1 through 3.3 as it relates to each specific task? | Information should be discussed in 3.1 through 3.3 as it relates to each specific task, but could be summarized in 3.4. | |
| 3.5 | Please clarify – is South Dakota looking for sample deliverables with explanations of specific content sections? Do you have specific requirements or past examples that can be shared to provide additional guidance on the level of detail that DSS is looking for? | South Dakota does not have examples. Offerers should provide examples based on actual work similar to the scope of this project or developed specifically for response to this RFP. | |
| 3.5 | As with 3.4, could South Dakota please clarify whether the proposal needs to specifically address 3.5 in its own section or could the required deliverable elements be addressed within 3.1 through 3.3 as they relate to each task? | Information should be discussed in 3.1 through 3.3 as it relates to each specific task. | |
| 3.5.1 | This appears to be a requirement under 3.3. In the proposal response, can this be included in the discussion about 3.3, or is it required to be addressed as a separate item? | Information can be discussed in 3.3. | |
| 3.6 | This appears to be a requirement under 3.3. In the proposal response, can this be included in the discussion about 3.3, or is it required to be addressed as a separate item? | Information can be discussed in 3.3. | |
| 3.6 | Does South Dakota anticipate that 3.6 will be addressed in its own section of the technical approach (i.e., specific section devoted to CMS shared savings requirements) or can this element be addressed as part of the response to Task 3.3? | Information can be discussed in 3.3. | |
| 3.6 | Does DSS require offerors to have any specific credentials for completing the fiscal impact analysis and/or Shared Savings Methodology referenced in Appendix D of this RFP? | No specific credentials are required, but offerer should explain how the current credentials of the company would allow them to successfully complete the tasks outlined in the RFP. | |
| 3.7 | This appears to be a requirement under 3.3. In the proposal response, can this be included in the discussion about 3.3, or is it required to be addressed as a separate item? | Information can be discussed in 3.3. | |
| 4.1 | Does South Dakota require offerors to submit an acknowledgement related to 4.1 as part of the proposal response (given requirement at 5.2.3.2 to respond point by point to Section 3 and 4)? | Yes | |
| 4.2 | Does South Dakota require offerors to submit an acknowledgement related to 4.2 as part of the proposal response (given requirement at 5.2.3.2 to respond point by point to Section 3 and 4)? | Yes | |
| 4.5 | What expectations, if any, does the state have regarding vendor onsite presence for this project? | No onsite presence is required. | |
| 4.6 | This language is similar to the language required in 3.7. Given that South Dakota is requiring a point by point response to Sections 3 and 4 of the RFP (5.2.3.2), can the offeror address this requirement only as part of 3.7? Further, could South Dakota please | South Dakota requests that responses be provided for both 3.7 and 4.6. South Dakota cannot respond to incomplete question. | |
| 4.7 | Does South Dakota require offerors to submit an acknowledgement related to 4.7 as part of the proposal response (given requirement at 5.2.3.2 to respond point by point to Section 3 and 4)? | Yes | |
| 5 | Is there a page limit to any of the sections, or to the proposal response as a whole? | No | |
| 5.2.3 | Could South Dakota please differentiate 5.2.3.1 from 5.2.3.2? Should offerors ensure that elements cited in 5.2.3.1 are addressed in the point by point response to Section 3 and 4? Or should offerors submit stand-alone sections containing a management plan, corporate qualifications, personnel, etc.? | Offerors should ensure that elements cited in 5.2.3.1 are addressed in the point by point response to Sections 3 and 4 | |
| 5.2.3 | Does South Dakota anticipate that that 5.2.3 will be a stand-alone section of the proposal or can offerors address this requirement in responses to Sections 3 and 4? | South Dakota anticipate that that 5.2.3 will be addressed n responses to Sections 3 and 4. | |
| 6.1.3 | Does South Dakota have an expected budget for this scope of work? | South Dakota seeks a proposal of costs associated with the services as part of the RFP response. | |
| 6.1.5 | Could offerors speak directly to this evaluation criteria by presenting a stand-alone management plan section in the response? | Yes | |
| 6.3 | Should offerors provide resumes for all staff proposed or just those considered key staff? | Key staff only. | |
| 7.1 | Does the State have a standardized Cost Proposal format that all vendors should use to ensure a fair comparison between vendor proposals? | No | |
| No specific section identified | Can the state provide more detail on how it will reimburse the selected vendor for services rendered so proposers can structure their project teams, work plans and cost proposals accordingly: a. Is the state expecting vendors to propose deliverables-based arrangements, where the vendor would be paid only upon satisfying requirements for specific project deliverables, or an arrangement where the vendor would bill monthly for services rendered based on hours worked and the associated hourly rates subject to a cap? b. If the state expecting vendors to outline in its cost proposals the assumptions it used to build their pricing for this project? c. Can the state provide a cost proposal template that ensures consistency of proposals across multiple vendors? | South Dakota expects that offerors provide detailed information about the proposed payment structure. South Dakota currently has contract arrangements with a variety of structures, including monthly, quarterly bi-annually, and deliverables-based. It would be helpful for the state to understand the assumptions the offeror used to establish the cost proposal estimate. The state will not provide a cost proposal template. | |
| No specific section identified | Would the state entertain recommendations from the selected vendor regarding the design of the health home program other than adoption of some form of shared savings? If so, how would it want these services handled in proposals, e.g. as an "advisory services" add-on? | South Dakota is required to follow SDCL 5-18D when evaluating this RFP. Information outside scope of RFP 195 will not be considered in the evaluation process. | |
| No specific section identified | Will the state require that the Health Homes Performance Measurement Data System be hosted by the state, or will the state accept a proposal where the system is hosted by the vendor? | South Dakota would expect the data system to be hosted by the vendor. | |